

Community Mental Health Services

Mission

The mission of Indiana's system of community mental health services is to help people with mental illness become more self-sufficient and move toward recovery.

Summary of Activities

The Division of Mental Health and Addiction (DMHA) provides or purchases mental health services for individuals most in need. DMHA has taken great strides to achieve greater accessibility and accountability in the public mental health system. DMHA contracts with a system of managed care providers that are responsible for a full range of services. Each provider is responsible for a continuum of care for people with mental illness that includes: crisis intervention, individual treatment planning, acute stabilization services, day treatment, and residential services.

Community Mental Health Centers (CMHCs) are the cornerstone of this treatment system. In state fiscal year 2003, DMHA supported services to over 48,000 adults with serious mental illness and over 23,000 children and adolescents with serious emotional disorders. This was possible in part because of the Division's close cooperation with other FSSA divisions. For example, DMHA funding has leveraged over \$5 million in federal vocational rehabilitation funds since 1995 to provide employment and training services to persons with serious mental illness. DMHA dollars also provide match to leverage over \$75 million annually in federal Medicaid dollars for the Medicaid Rehabilitation Option for community mental health services.

**President Bush said,
“...Americans must understand
and send this message: mental
disability is not a scandal – it is an
illness. And like physical illness, it
is treatable, especially when the
treatment comes early.”**

External Factors

The field of psychiatry has changed significantly over the past few years. Recent pharmacological advancements have enabled thousands of people suffering with mental illness to be served in the community. In addition, there is increasing emphasis at the federal level on moving people out of institutions and group homes into community and home-based care. In the summer of 1999, the United States Supreme Court determined in *Olmstead v L.C. and E.W.* that states must allow institutionalized individuals who could benefit from community placement and who do not object to moving from the institution, the opportunity to receive services in the community, subject to the resources available in the state to meet the demand for these services. Indiana plans to continue to deinstitutionalize persons from our state mental health hospitals and other congregate settings in the next several years.

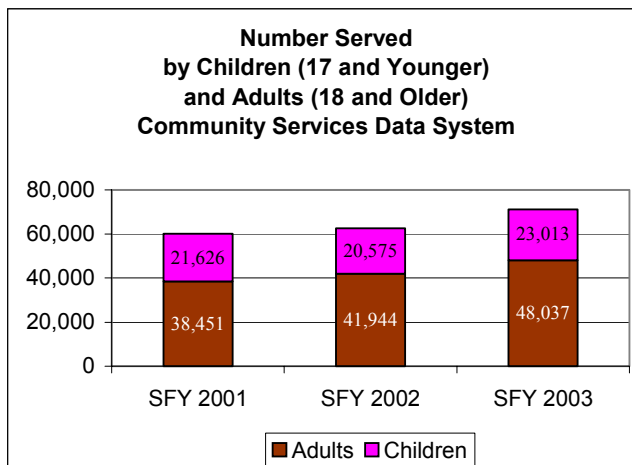
Evaluation and Accomplishments



Historically, the backbone of Indiana's community mental health system has been the community mental health centers. These centers have been expanding and forming alliances with each other and addictions, health care, and children's services providers that offer consumers better choice and offer the state stronger and more diversified contractors. Direct DMHA funding now accounts for less than 40% of CMHCs' total funding, with the balance provided via Medicaid, commercial insurance, grants, and other contracts. Further, DMHA now contracts with eight providers that are not community mental health centers but who serve children with serious emotional disorders. These include general hospitals with strong psychiatric services and traditional child care and child placement agencies.

DMHA only contracts with organizations that are accredited by the Joint Commission on the Accreditation of Health Care Organizations, the Council on the Accreditation of Rehabilitation Facilities, or the Council on Accreditation. DMHA also performs internal quality assurance process, including measuring and reporting on: clinical outcomes, consumer perspective on outcomes, consumer satisfaction, and service patterns. Annual clinical audits examine the quality of the data reported by providers.

Indiana's public mental health system continues to improve, and the division remains committed to providing the best services possible for those most in need. However, total estimated need exceeds the number currently served. DMHA's most recent analysis in SFY 2001 of the prevalence of serious mental illness estimated that 56,029 adults in Indiana and 28,417 children qualified for publicly funded mental health services.



Plans for the Biennium

With input from advisory groups and stakeholders, including consumers, family members, advocates, and providers across the state, DMHA has developed a shared vision for the future of mental health and addiction services in Indiana for the SFY 2004 – 2005 biennium. Four issues have emerged as top priorities for attention: services for children, employment, improved recovery outcomes, and regional planning for services. Housing was another issue that was frequently mentioned and an internal action team has been formed to address housing issues for DMHA consumers.

DMHA will continue to expand and enhance community-based care and to promote implementation of evidence-based practices across the state. To improve the systems of care in the community for adults with serious mental illness, the process of establishing Assertive Community Treatment on a statewide basis is being funded. For children with serious emotional disturbance, efforts in collaboration with other divisions and state agencies will be increased.

